

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Sm</i>		<i>5-26-06</i>
O.I.P.E. CLASSIFIER			<i>7-5</i>
FORMALITY REVIEW	<i>mm</i>	<i>11-27-06</i>	<i>7-11-06</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>4/14/03</i>
2	<i>11/26/02</i>
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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